

## West Virginia Division of Personnel • OHRD

## NON-DOP COVERED AGENCY TRAINING REQUEST APPLICATION

NAME (FIRST/LAST)	
TITLE	EMP ID #
DEPARTMENT/DIVISION/SECTION	
EMAIL	
WORK PHONE ALTERNATE PHONE  ADDRESS	
ADDRESS	
CITY STATE	ZIP CODE
IMMEDIATE SUPERVISOR'S NAME/TITLE	
PREFERRED METHOD OF COMMUNICATION PHONE EMAIL OTHER	
IMPORTANT FEE INFORMATION, PLEASE READ: The West Virginia Division of Personnel, Organization and Human Resource Development (WV DOP-OHRD) section is offering enrollment in its scheduled training classes for managers and supervisors from non-DOP covered agencies. This application, once completed and signed, shall serve as a binding contract and the requesting agency shall reimburse WV DOP-OHRD at the rate of \$20 per class hour per employee.  Sample costs are noted below.  • 3 hour (1/2 day) class= \$60/per enrolled employee • 6 hour (full day) class= \$120/per enrolled employee • 12 hour (2 day) class= \$240/per enrolled employee • 18 hour (3 day) class= \$360/per enrolled employee  Late cancellations by enrollees and/or Agency (i.e., those that occur within two (2) business days of the event), or non-attendance of enrollees, will result in the Agency being charged full price for those seat(s) in the class.  INDICATE THE CLASS/S FOR WHICH YOU ARE REQUESTING ENROLLMENT. PLEASE INCLUDE TITLE AND PREFERRED DATE/S.	
APPLICANT SIGNATURE	
THE UNDERSIGNED <u>MUST</u> HAVE THE AUTHORITY TO ENTER INTO CONTRACT AGREEMENTS AND F	REIMBURSE SERVICES TO OTHER AGENCIES.
FINANCIAL AUTHORITY SIGNATURE	
NOTES	DATE
OHRD APPROVED DECLINED DATE	